

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Coconino
 District of Flagstaff
 Town of Flagstaff
 or
 City of _____ (No. _____ St. _____ Ward)

BUREAU OF VITAL STATISTICS

State Index No. 201

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. _____

Local Registrar's No. 50

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES
 Alive NO

Sex of Child <u>Boy</u>	<u>Single</u> Twin, Triplet or other	{ and }	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>2-14-29</u> (Month) (Day) (Yr.)
Full Name <u>Orson W. Clavidge</u>			Full Name <u>Bessie L. Haggard</u>		
Residence <u>Flagstaff</u>			Residence <u>Flagstaff</u>		
Color or Race <u>White</u>	Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u> Age at last Birthday <u>23</u> (Years)			
Birthplace <u>Wyo</u>			Birthplace <u>Texas</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>2</u>	Number of children of this mother now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 2/14 1929, at Flagstaff

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. E. Pleist

(Attending physician, midwife, householder.)*

Given or Christian name added from a

Address Flagstaff, Ariz.

supplemental report _____ 192 _____

Filed March 9 1929

J. W. Stratton
H. B. G.

LOCAL REGISTRAR.

A True Copy

Filed _____ 192 _____

COUNTY REGISTRAR.

COUNTY REGISTRAR.

Orson W. Clavidge